

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)
087676125

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	41					
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TOTAL IND.	3					
TOTAL DEP.	4	↔	↔	↔	↔	↔
TOTAL CLAIMS	7	↔	↔	↔	↔	↔

TOTAL IND.	↔	↔	↔	↔
TOTAL DEP.	↔	↔	↔	↔
TOTAL CLAIMS	↔	↔	↔	↔

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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